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**DRAFT**

Task Force on Culturally and Linguistically
Competent Physicians and Dentists
Working Group on Cultural Competency Certification
and Continuing Education
1515 Clay Street, Conference Room 12
Oakland, California 94612
June 4, 2002
10:00 a.m. – 12:00 p.m.

Task Force Working Group Members Present:

Anil Chawla, M.D., Clinicas del Camino Real
Albert Gaw, M.D., Medical Director, Mental Health Rehabilitation Facility
Suzanna Gee, Associate Managing Attorney, Protection and Advocacy, Inc.
Newton Gordon, D.D.S., Professor of UCSF School of Dentistry
Ron Joseph, Executive Director, Medical Board of California
Miya Iwataki, Director of Diversity Programs, Los Angeles County Health Services
Arnoldo Torres, Executive Director, California Hispanic Health Care Association
Doreena Wong, Staff Attorney, National Health Law Program
Richard DeCuir, Acting Executive Director, Dental Board of California

Staff Members Present:

Kristy Wiese, Deputy Director, Department of Consumer Affairs
Anita Scuri, Senior Staff Attorney, Department of Consumer Affairs
Vanessa Baird, Acting Chief, Department of MultiCultural Health, Department of Health Services

Call to Order – Establish a Quorum - Introductions:

The Meeting was called to order at 10:00 a.m. by Ron Joseph, Chair. All members present introduced themselves.

Review and Approve Minutes from April 9, 2002 Meeting:

The April 9, 2002 meeting minutes were reviewed. The motion to approve the minutes was made by Gordon, seconded by Chawla and unanimously approved.

Review and Approval of Discussion Paper:

The Chair asked Ms. Wiese to provide a brief recap of the April 9, 2002 meeting. As a result of the meeting, a draft summary of the discussion paper and proposed draft recommendations were prepared. Ms. Wiese advised that the members primarily discussed how continuing education and certification would impact dentists and dental practices. Additionally, Dr. Gordon and Dr. Broussard provided information with regard to current dental practices and the utilization of bilingual staff to interpret for the non-English speaking patients. At that meeting, members

recommended requiring language courses for dental students to increase linguistic competency as a condition of licensure and amending contract language to be incorporated into Medi-Cal, Healthy Families, Denti-Cal, mental health and other health state subsidized healthcare program contracts that would compel providers to demonstrate competency through incentive based approaches.

Mr. Joseph clarified the directive provided to the Task Force by the Legislature. The working group is currently charged with assessing the following issues, as mandated by the enabling legislation:

- Develop recommendations for a continuing education program that includes language proficiency standards of foreign language to be acquired to meet linguistic competency.
- Identify key cultural elements necessary to meet cultural competency by physicians, dentists and their offices.
- Assess the need for voluntary certification standards and examinations of cultural and linguistic competency.

Dr. Gaw expressed concern about impeding patient access to health care due to mandated cultural competency requirements. One way this could be achieved is through the use of interpreters to assist in bridging the gap between patients and providers. It is important not to establish deterrents for physicians to accept non-English speaking patients because the immigrant population in California continually changes.

Ms. Gee favored pre-admission requirements or mandatory continuing education courses for current medical and dental students and existing practitioners.

Dr. Gaw expressed reservations for mandating linguistic requirements for practitioners. He felt sufficient hours would not be spent on language courses and it would be practical to devise solutions to help bridge the gap between non-English speaking patients and the provider. He advised that he opposed mandated linguistic requirements for practitioners that would ultimately hinder patient access to health care. Therefore, linguistic competency should be encouraged and not mandated.

Dr. Chawla spoke about a UCSF survey that indicated there was not a shortage of providers to serve the Hispanic population in their native language and culture.

Mr. Torres advised that the proposed recommendations on linguistic competency were too general and a designated number of hours must be mandated for continuing education. In retrospect, the economic incentive is important and his Association doesn't believe that Healthy Families and Medi-Cal have any competent providers. He adamantly stated that his Association does not support the use of interpreters as a substitute for linguistic competency.

Mr. DeCuir advised that dental offices are comprised of predominately solo practices consisting of hygienists, dental assistants, and RDAs. Unlike medical practices, which operate in a peer environment, dental offices are very small operations. From his perspective, designating a

required number of hours in continuing education would only be beneficial if practiced on a daily basis and the mandate would make very little difference if language proficiency was lost.

Dr. Maria Baltierra, a member of the public, identified herself as an emergency room doctor who strongly encouraged the working group to consider potential physicians who are culturally competent, but have not met the licensing requirements.

Mr. Torres said certification should be voluntary and he did not envision requiring continuing medical education courses. Mr. Torres stated language is not a vast issue in high school and minimal emphasis is placed on Spanish and Chinese courses. He suggested that it appears that there is a stronger emphasis in high schools on language courses that nobody uses.

A question was posed to the Co-Chairs of the Cultural Competency Standards Working Group as to whether or not the group was considering recommendations of defining literacy based on the proficiency level of the population.

Ms. Iwataki related that due to time constraints, the working group discussion has primarily consisted of key cultural elements, standards, and the basic fundamentals.

Ms. Baird expressed concern that the Cultural Competency Standards Working Group would not meet the projected deadlines by focusing on elements beyond the delegated charge of the Task Force. She urged the Standards Working Group to prioritize their primary duties, before allotting discussion for secondary components, outside the scope of the legislation.

Ms. Scuri clarified that the working groups were only making recommendations that would be forwarded to the Legislature and final determinations would come from the Legislature.

Mr. Joseph asked Mr. Torres if he was proposing that the Task Force recommend that health care providers match the literacy level of their patients and how that concept could be incorporated into a statewide directive.

Mr. Torres responded that standards must be established and should be based upon the language ability of the population being served. The statewide directive would be the continuing education standards based on the literacy level of the given language of the population.

Ms. Scuri commented that it actually takes a higher level of fluency to communicate when speaking or writing to a particular level of audience.

Mr. Moreno, a member of the public, recommended adding equalized access to healthcare services. He related that he attended the public hearings in San Diego, Salinas and Oxnard and consistent public comments from those meetings were that the indigent population would like to receive medical care from physicians who speak their language.

Approval of Proposed Recommendations:

The group evaluated the following recommendations:

Motion by Gee, seconded by Wong, to recommend minimum mandatory continuing education units for healthcare professionals that addresses the language and culture needs of its clients or patients that equalizes quality of health care services between limited English-Proficient and limited English populations and that the Legislature establish an expert task force or similarly composed body to develop this. The motion failed by a vote of three ayes and five noes.

Mr. DeCuir spoke in opposition to the motion stating mandating continuing education is not the feasible approach to educating dentists. Mandating continuing education hours will not guarantee the desired results to be accomplished. Other remedies should be sought.

Dr. Gaw proposed a substitute motion, seconded by Dr. Gordon, that the Task Force recommend that the Medical Board and Dental Board develop mandatory continuing education units for healthcare professionals in the area of cultural competency and that the Medical and Dental Boards determine the number of units of continuing education. The motion failed with a vote of four ayes and five noes.

Dr. Gaw clarified that he purposely left out the linguistic portion and intended to address linguistic competency as a separate motion. In other words, the Medical and Dental Boards should establish minimum cultural competency requirements in continuing education and the Boards should determine the number of units to be obtained.

Mr. DeCuir recommended the development of a continuing education program that leads to linguistic competency which enables a healthcare provider to communicate with clients and patients who speak that particular language and that is based on the literacy level of non-English speaking populations to be served. Motion was moved by DeCuir, seconded by Torres, and failed with the vote of three ayes and four noes.

Given the overlap of the working groups, Ms. Gee asked how a motion would be reconciled if the Education and Certification Work Group make a motion that relates to the Standards Work Group. Mr. Joseph replied that all the recommendations would be independently submitted to the full Task Force.

Ms. Iwataki proposed an amendment to the previous failed motion to recommend minimum mandatory continuing education units for health care professionals that address the language and culture needs of a client or patient equalizes quality of health care services between limited-English and English proficient persons and that the Legislature establish an expert task force or similarly composed body to develop this. Ms. Gee rejected the proposed amendment to the motion.

Dr. Gaw stated he was opposed to the amended motion. He related that a continuing education program is not the right mechanism to address linguistic competency. Secondly, the amendment will create a standard that is extremely difficult to implement because of the linguistic competency of the population to be served. It is unrealistic to ask the Board or any provider to meet that kind of literacy level of competency.

In response to the question regarding addressing the cultural issue, Ms. Scuri clarified that the statute does not address the specifics. The mandate is not to address the cultural issue but to

speak to continuing education programs. Language proficiency standards and foreign language required to meet the linguistic competency is beyond the statute's directive.

Dr. Gaw stated that the Medical and Dental Boards should create a separate tract of continuing education aside from the present mechanism to address the linguistic competency issues.

Gordon moved the motion that was seconded by Dr. Gaw to recommend the development of a continuing education program that leads to linguistic competency that enables effective communication between provider and patient. The motion failed with a vote of four ayes, four noes and one abstention.

Mr. Torres asked for reconsideration on a failed motion to recommend the development of a continuing education program that leads to linguistic competency that enables the healthcare provider to communicate with clients and patients who speak that particular language and that is based on the literacy level of non-English speaking populations to be served. Motion was moved by Torres, seconded by Chawla and the motion passed to reconsider the previously failed motion.

Motion by Mr. DeCuir, seconded by Mr. Torres to recommend the development of a continuing education program that leads to linguistic competency which enables the health care provider to communicate effectively with clients and patients who speak that particular language and that is based on the literacy level of non-English speaking populations to be served. The motion passed by a vote of five ayes and two noes. Dr. Gaw requested that the record reflect that he opposed the motion.

Ms. Iwataki moved and Mr. Torres seconded that the Legislature extend the existing Task Force for one year to work with those who have expertise in education and linguistic competency to develop a continuing education program described in the prior recommendation. The motion failed with a vote of two ayes and five noes. Mr. Joseph spoke in opposition for the motion.

Dr. Gaw related that a one year deadline under the present structure to implement the recommended proposal is inefficient, cumbersome and a waste of taxpayers money. Moreover, the process could be organized more efficiently without the constraints in communication. However, if constructed differently, a separate mechanism could be developed to include members of the task force.

Recognizing that the meeting had run past the scheduled time, the group agreed to adjourn and schedule another meeting in the future.

Public Comment:

None

Meeting Adjourned at 1:00 p.m.